

# Public Health Preparedness 2009 H1N1 Influenza

Division of Acute Disease Prevention and  
Emergency Response



# National Framework for 2009 Novel Influenza A (H1N1) Preparedness and Response

- ▶ **Surveillance** – enhanced efforts to achieve timely and accurate situational awareness of evolving disease in Iowa to mold policy and operational decisions **CADE**
- ▶ **Mitigation Measures** – interventions to slow the spread of the virus and reduce the impact of illness on the population **CDOR**
- ▶ **Vaccination** – actions to secure safe and effective vaccines and ready a distribution, administration and tracking mechanism for immunization **IMM/TB**
- ▶ **Communication and Education** – communication campaign to ensure consistent messaging and education **CAP**

# Current Characteristics of Novel Influenza A (H1N1)

- ▶ Causing mild to moderate illness
  - Like other novel viruses has the potential to become more severe over time
- ▶ Persons older than 55 years may have immunity from historical exposure
- ▶ Currently susceptible to oseltamivir (Tamiflu®)
  - Some reported cases of Tamiflu® resistance

# Signs and Symptoms of Novel Influenza A (H1N1)

- ▶ Same signs & symptoms as seasonal influenza:
  - Fever, cough, sore throat, body aches, chills
  - May include diarrhea and vomiting
- ▶ Most hospitalizations are occurring in persons 5–24 years old followed by 25–49 year olds
- ▶ 43% of deaths have occurred in persons 25–49 years of age

# IDPH Roles and Responsibilities

- ▶ Internal novel influenza A (H1N1) task force
  - Partial activation of IDPH Incident Management System
  - ADPER Division (CADE, CDOR, IMM, and CAP)
  - Environmental Health Division (EH)
- ▶ Incident command training for department staff
- ▶ Increased surveillance
- ▶ Increased storage & distribution capacity
  - from 4000 sq foot to 8000 sq foot
  - Controlled environment for pharmaceuticals
  - Received in excess of 14 tons of supplies during spring response

# IDPH Roles and Responsibilities

- ▶ Coordination & information sharing with multiple federal, state, and local partners – a few include...
  - Regular briefings with the Governor and Lt. Governor
  - Government & private business (e.g.):
    - Department of Inspections and Appeals (DIA)
    - Department of Education (DOE)
    - Safeguard Iowa Partnership (SIP)
- ▶ Posting and updating of information on IDPH website and Health Alert Network
- ▶ Messaging and education campaign for public

# Surveillance

Center for Acute Disease Epidemiology  
(CADE)



# Iowa Influenza Surveillance Network

- ▶ Both seasonal influenza & novel influenza A (H1N1)
- ▶ Determine types and strains of influenza
  - Comparison of different strains
  - Assess severity of strains
- ▶ Affected geographic locations and age groups
- ▶ Sentinel sites reporting ILI represents 24 counties – physician, schools, hospital and long term care



# Disease Reporting

- ▶ No longer reporting individual cases of novel influenza A (H1N1)
- ▶ Beginning September 1, novel influenza A (H1N1) will be a temporarily reportable disease by:
  - Hospitalizations
  - Deaths
- ▶ Sentinel program participants and reporters of hospitalizations and deaths enter data into a web-based system
- ▶ Weekly surveillance report published on Fridays and posted to department website

# Mitigation Measures

Center for Disaster Operations and Response  
(CDOR)



# Mitigation Guidance

- ▶ IDPH & multiple partners reviewed, revised, & developed guidance for:
  - General public
  - Childcare
  - Schools
    - K – 12
    - Higher Education
  - Business
  
- ▶ All guidance materials are available on the IDPH webpage, HAN, & partner agencies

# Protective Measures Guidance

- ▶ Education of public “How to protect yourself”
  - ▶ Hand washing
  - ▶ Sneeze & cough etiquette
  - ▶ Staying at home if ill
  - ▶ Social distancing
- ▶ Handling employees who become ill at work
- ▶ Cleaning of facilities

# Healthcare Workers

- ▶ Seasonal Influenza & novel influenza A (H1N1) vaccinations
- ▶ Infection Control Measures & Specimen collection
  - Standard precautions
  - Droplet protection
- ▶ PPE Recommendations
  - Guidance document:  
[http://www.idph.state.ia.us/h1n1/common/pdf/infection\\_control\\_use\\_of\\_masks\\_and\\_respirators\\_ins\\_hc\\_settings.pdf](http://www.idph.state.ia.us/h1n1/common/pdf/infection_control_use_of_masks_and_respirators_ins_hc_settings.pdf)
  - Confirmed or suspected persons
  - Visitors
  - Aerosol-generating medical procedures

# State Stockpile

- ▶ Current inventory (non-vaccine)
  - Antiviral medications
    - Tamiflu®
    - Relenza®
  - Personal Protection Equipment (PPE)
    - Face mask
    - Respirators
    - Face shields
    - Gloves
    - Gowns
- ▶ Receipt of additional federal supplies

# Allocation and Distribution of Assets

- ▶ Pro rata by county
- ▶ Delivery to single site in county
- ▶ LPHA primary POC
- ▶ Assets utilized within established guidelines
- ▶ Inventory of assets prior to delivery
- ▶ Standing orders as necessary

# Vaccination

Bureau of Immunization and Tuberculosis  
(IMM/TB)





# Target Groups for Influenza A (H1N1) Vaccine

- ▶ Expect target Groups to change throughout the campaign
- ▶ May need to subcategorize target groups based on amount of vaccine available and surveillance reports
- ▶ Current CDC initial recommendations include:
  - Pregnant women
  - Household contacts and caregivers for children younger than 6 months of age
  - Healthcare and emergency services personnel
  - All people 6 months through 24 years
  - People aged 25 through 64 who have health conditions associated with higher risk or medical complications from influenza
- ▶ Order of target groups **does not** indicate priority

# Vaccine

- ▶ 5 manufactures producing vaccine
  - Clinical trials still underway
- ▶ Current information
  - Release of bolus amount mid-October
    - 40 – 60 million doses (U.S.)
  - Followed by weekly shipments
    - 20 million doses
    - Weekly production may increase later on
    - Allocated to states pro rata
- ▶ Only state health offices will be able to order
  - Currently vaccine will not be available commercially

# Vaccine

- ▶ Centralized distribution by single provider
  - Direct delivery to identified ship-to-sites
  - Vaccine and ancillary supplies (needles, syringes, alcohol swabs, sharps containers)
- ▶ Working with LPHA to identify vaccination partners
  - Can make additions or deletions throughout campaign
  - Each vaccination partner will need to complete specific registration (provider agreement) form
    - Provider guidance

# Allocation and Monitoring

- ▶ Each county pro rata
  - 2008 population
- ▶ IRIS
  - Used to track vaccine administered & monitor vaccine supply
  - All vaccination sites will need to provide required information
  - Instructions posted on HAN

# Vaccine Safety

- ▶ Monitoring systems are in place
  - Vaccine Adverse Event Reporting System
  - Vaccine Safety Data Link Project
- ▶ Manufactured under the same process and by the same manufacturers as seasonal influenza vaccine
- ▶ Guillin–Barre Syndrome

# Communication and Education

Bureau of Communication and Planning  
(CAP)



# Public Education & Messages

- ▶ Fight the Flu – Three C’s Campaign
  - Clean – Clean your hands
  - Cover – Cover your coughs and sneezes
  - Contain – Contain germs. Stay at home when sick
- ▶ Postcard:
  - Local public health
  - Hospitals
  - Iowa mail & PO boxes
  - Enrolled Iowa college students
  - State employees
- ▶ Iowa Concerns Hotline: 1-800-447-1985



# Fight *the* Flu.

Remember the 3 C's



Cover your cough.  
Use a tissue or your elbow.



Clean your hands.  
Use soap and water or hand sanitizer.



Contain germs.  
Stay home when sick.



# Novel Influenza A (H1N1) Questions, Answers, & Resources

- ▶ Email questions from health care workers to:  
**[InfluenzaAH1N1@idph.state.ia.us](mailto:InfluenzaAH1N1@idph.state.ia.us)**
- ▶ HAN Document Library, Documents:  
**[Fall 2009 Novel Influenza A \(H1N1\)](#)**
- ▶ IDPH Website:  
**<http://www.idph.state.ia.us/h1n1/>**

# Questions